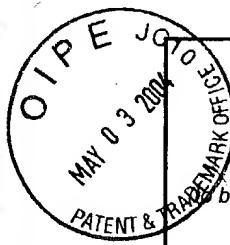


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1753



TRANSMITTAL FORM

(This form be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

Application Number	09/905,515
Filing Date	July 13, 2001
First Named Inventor	Nowak, Thomas et al.
Art Unit	1753
Examiner Name	R.G. McDonald

Attorney Docket Number A4211/T33800

ENCLOSURES (Check all that apply)

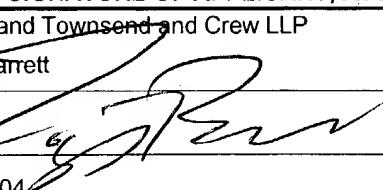
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement, PTO Forms SB 08A and 08B and 38 references. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify on back)</small> Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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MAY 11 2004

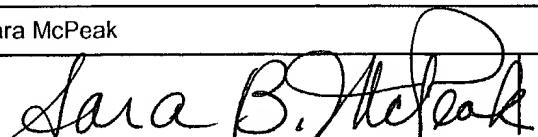
TC 1700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Roger T. Barrett	
Signature		
Date	April 29, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Sara McPeak		
Signature			
	Date	April 29, 2004	

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Fee from below	Fee Paid
			Extra Claims	

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

Complete if Known

Application Number	09/905,515
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First Named Inventor	Nowak, Thomas et al.
Examiner Name	R. G. McDonald
Art Unit	1753
Attorney Docket No.	A4211/T33800

FEE CALCULATION (continued)

3. ADDITIONAL FEES	Fee Description	Fee Paid
Large Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65 Surcharge - late filing fee or oath	
1052 50	2052 25 Surcharge - late provisional filing fee or cover sheet.	
1053 130	1053 130 Non-English specification	
1812 2,520	1812 2,520 For filing a request for reexamination	
1804 920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251 110	2251 55 Extension for reply within first month	
1252 420	2252 210 Extension for reply within second month	
1253 950	2253 475 Extension for reply within third month	
1254 1,480	2254 740 Extension for reply within fourth month	
1255 2,010	2255 1,005 Extension for reply within fifth month	
1401 330	2401 165 Notice of Appeal	
1402 330	2402 165 Filing a brief in support of an appeal	
1403 290	2403 145 Request for oral hearing	
1451 1,510	1451 1,510 Petition to institute a public use proceeding	
1452 110	2452 55 Petition to revive – unavoidable	
1453 1,330	2453 665 Petition to revive – unintentional	
1501 1,330	2501 665 Utility issue fee (or reissue)	
1502 480	2502 240 Design issue fee	
1503 640	2503 320 Plant issue fee	
1460 130	1460 130 Petitions to the Commissioner	
1807 50	1807 50 Petitions related to provisional applications	
1806 180	1806 180 Submission of Information Disclosure Stmt	
8021 40	8021 40 Recording each patent assignment per property (times number of properties)	180
1809 770	2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 770	2810 385 For each additional invention to be examined (37 CFR § 1.129(b))	
1801 770	2801 385 Request for Continued Examination (RCE)	
1802 900	1802 900 Request for expedited examination of a design application	
Other fee (specify)		

*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$180)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Roger T. Barrett	Registration No. (Attorney/Agent)	41,599	Telephone	303-571-4000
Signature				Date	April 29, 2004

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